

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 10/24/2003 10:17:37 AM

		1
1.	FOR THE MONTH ENDING:	August 31, 2003
2.	Name:	SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.
3.	File Number:(Enter last three digits) 933-0	393
4.	Date Incorporated or Organized:	September 25, 1992
5.	Date Licensed as a HCSP:	January 1, 2000
6.	Date Federally Qualified as a HCSP:	January 31, 2000
7.	Date Commenced Operation:	September 25, 1992
8.	Mailing Address:	303 H. STREET SUITE 390, CHULA VISTA CA 91910
9.	Address of Main Administrative Office:	303 H. STREET SUITE 390, CHULA VISTA CA 91910
10.	Telephone Number:	(619) 407 4082
11.	HCSP's ID Number:	95 0197925
12.	Principal Location of Books and Records:	Tijuana, Mexico
13.	Plan Contact Person and Phone Number:	CHRISTINA SUGGETT (619) 407 4082
14.	Financial Reporting Contact Person and Phone Number:	ALEJANDRO AVALOS 011 52 (664) 683-29-02 Tijuana, Mexico
15.	President:*	FRANK S. CARRILLO
16.	Secretary:*	YOLANDA REA
17.	Chief Financial Officer:*	
18.	Other Officers:*	
19.		
20.		
21.		
22.	Directors:*	
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31.		

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	FRANK S. CARRILLO (please type for valid signature)
33. Secretary	YOLANDA REA (please type for valid signature)
34. Chief Financial Officer	signature required (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35. If this is a revised filing, check here and complete question 4 on Page 2:	<input checked="" type="checkbox"/>
36. If all dollar amounts are reported in thousands (000), check here	<input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	No 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
		Claims reported not yet paid were shown under line 3 and now are beeing corrected and shown under line 7. (\$39,886)
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	1,541,053
2. Short-Term Investments	
3. Premiums Receivable - Net	
4. Interest Receivable	
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	110,310
7. Prepaid Expenses	32,651
8. Secured Affiliate Receivables - Current	15,028
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	116,378
11. TOTAL CURRENT ASSETS (Items 1 to 10)	1,815,420
OTHER ASSETS:	
12. Restricted Assets	303,967
13. Long-Term Investments	30,000
14. Intangible Assets and Goodwill - Net	
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	16,605
18. TOTAL OTHER ASSETS (Items 12 to 18)	350,572
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	176,624
20. Furniture and Equipment - Net	
21. Computer Equipment - Net	13,519
22. Leasehold Improvements -Net	231,053
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	421,196
27. TOTAL ASSETS	2,587,188
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001. TAXES RECEIVABLE	45,511
1002. TAXES RECEIVABLE	70,867
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	116,378
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. GUARANTEE DEPOSITS	7,781
1702. FEDERAL CORP. TAXES	8,824
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	16,605
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
CURRENT LIABILITIES:			
1. Trade Accounts Payable	13,360	XXX	13,360
2. Capitation Payable		XXX	0
3. Claims Payable (Reported)	13,794		13,794
4. Incurred But Not Reported Claims			0
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability	39,886		39,886
8. Unearned Premiums		XXX	0
9. Loans and Notes Payable		XXX	0
10. Amounts Due To Affiliates - Current	15,028	XXX	15,028
11. Aggregate Write-Ins for Current Liabilities	21,135	0	21,135
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	103,203	0	103,203
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)		XXX	0
14. Loans and Notes Payable (Subordinated)		XXX	0
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	343	XXX	343
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	343	XXX	343
19. TOTAL LIABILITIES	103,546	0	103,546
NET WORTH			
20. Common Stock	XXX	XXX	179,329
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	1,453,227
23. Contributed Capital	XXX	XXX	275,119
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	575,967
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	2,483,642
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	2,587,188
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. TAXES PAYABLE	21,135		21,135
1102.			0
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	21,135	0	21,135
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701. EMPLOYEE BENEFITS	343	XXX	343
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	343	XXX	343
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	766,753	6,905,135
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	69,875	168,346
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	2,025	27,117
11. TOTAL REVENUE (Items 1 to 10)	838,653	7,100,598
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem	35,653	386,522
14. Inpatient Services - Fee-For-Service/Case Rate	13,842	183,868
15. Primary Professional Services - Capitated	90,580	718,131
16. Primary Professional Services - Non-Capitated	47,726	385,844
17. Other Medical Professional Services - Capitated		
18. Other Medical Professional Services - Non-Capitated	82,676	501,212
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	71,197	336,876
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service	110,360	988,000
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	39,737	302,852
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	491,771	3,803,305
Administration		
25. Compensation	190,387	1,557,104
26. Interest Expense	2,887	118,803
27. Occupancy, Depreciation and Amortization	1,289	9,598
28. Management Fees		
29. Marketing	0	0
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	5,290	14,296
32. TOTAL ADMINISTRATION (Items 25 to 31)	199,853	1,699,801
33. TOTAL EXPENSES	691,624	5,503,106
34. INCOME (LOSS)	147,029	1,597,492
35. Extraordinary Item		
36. Provision for Taxes	49,989	543,147
37. NET INCOME (LOSS)	97,040	1,054,345
NET WORTH:		
38. Net Worth Beginning of Period	2,386,602	
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus		
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	97,040	1,054,345
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	2,483,642	1,054,345

STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. OTHER REVENUES	2,025	27,117
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	2,025	27,117
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. REINSURANCE	39,737	302,852
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	39,737	302,852
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. OTHER EXPENSES	5,290	14,296
3102.		
3103.		
3104.		
3105.		
3106.		
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	5,290	14,296
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	838,653	
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues		
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-491,771	
8. Administration Expenses	-199,853	
9. Federal Income Taxes Paid		
10. Interest Paid		
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	147,029	0
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	0
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock		
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates		
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	0	0
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	147,029	0
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	1,394,024	
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	1,541,053	0
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	97,040	1,054,345
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	1,289	
32. Decrease (Increase) in Receivables	-50,452	
33. Decrease (Increase) in Prepaid Expenses	4,585	
34. Decrease (Increase) in Affiliate Receivables	10,838	
35. Increase (Decrease) in Accounts Payable	8,062	
36. Increase (Decrease) in Claims Payable and Shared Risk Pool	57,701	
37. Increase (Decrease) in Unearned Premium		
38. Aggregate Write-Ins for Adjustments to Net Income	17,966	0
39. TOTAL ADJUSTMENTS (Items 31 through 38)	49,989	0
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	147,029	1,054,345
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801.	17,966	
3802.		
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	17,966	0

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)	12,160	316	20	12,456	36,531	2,654		2,654	45	15	1.08
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual				0				0			
5. Point of Service				0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	12,160	316	20	12,456	36,531	2,654	0	2,654	45	15	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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NOTES TO FINANCIAL STATEMENTS	
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OVERFLOW PAGE FOR WRITE-INS	
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STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1		2
1.	Net Equity		\$	2,483,642
2.	Add: Subordinated Debt		\$	
3.	Less: Receivables from officers, directors, and affiliates		\$	
4.	Intangibles		\$	
5.	Tangible Net Equity (TNE)		\$	2,483,642
6.	Required Tangible Net Equity (See Below)		\$	1,000,000
7.	TNE Excess (Deficiency)		\$	1,483,642
		Full Service Plans		Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$ 184,024	2% of the first \$7.5 million of annualized premium revenue	\$
	Plus		Plus	
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$
10.	Total	\$ 184,024	Total	\$ 0
C. HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 385,143	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$
	Plus		Plus	
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$
	Plus		Plus	
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$
14.	Total	\$ 385,143	Total	\$ 0
15.	Required "TNE" - Greater of "A" "B" or "C" \$	1,000,000	Required "TNE" - Greater of "A" "B" or "C" \$	

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 2,483,642
2. Add: Subordinated Debt	\$
3. Less: Receivables from officers, directors, and affiliates	\$
4. Intangibles	\$
5. Tangible Net Equity (TNE)	\$ 2,483,642
6. Required Tangible Net Equity (From Line 18 below)	\$
7. TNE Excess (Deficiency)	\$ 2,483,642
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$
10. Add lines 8 and 9	\$ 0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):	
<u>PART A</u>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$
13. Add lines 11 and 12	\$ 0

STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

STATEMENT AS OF 8-31-2003 OF 933-0393 SISTEMAS MEDICOS NACIONALES, S.A. DE C.V.

MONTHLY BALANCE SHEET REPORT AS OF: AUGUST 2003
FOR THE STATE OF CALIFORNIA

Report 1 part A	SIMNSA	MEDYCA	INT. HEALTH	TOTAL
Exchange rat 10.9806				
Cash and cash equivalents	1,484,700.91	39,865.14	16,473.53	1,541,039.58
Short-Term Investments				-
Premiums Receivable - Net	-			-
Interest Receivable				-
Shared Risk Receivables - Net				-
Other Health Care Receivables - Net	49,862.66	15,442.16	45,005.59	110,310.41
Prepaid Expenses	27,537.28	5,114.07	-	32,651.35
Secured Affiliate Receivables - Current	-	15,028.42		15,028.42
Unsecured Affiliate Receivables - Current				-
Aggregate Write Ins - for Current Assets	31,031.06	14,479.73		45,510.79
Total Current Assets	1,593,131.91	89,929.52	61,479.12	1,744,540.55
Restricted Assets	303,967.12			303,967.12
Long-Term Investments	30,000.00			30,000.00
Aggregate Write Ins for other assets	1,848.26	5,933.16	8,833.96	16,615.38
Total Other Assets	335,815.38	5,933.16	8,833.96	350,582.50
Land, Building and Improvements				-
Furniture and Equipment - Net	4,941.29	163,131.21	8,551.84	176,624.34
Computer Equipment - Net	11,322.50	2,196.90		13,519.40
Leasehold Improvements -Net	147,663.52	83,389.05	-	231,052.57
Construction in Progress				-
Software Development Costs				-
Aggregate Write-Ins for Other Equipment				-
TOTAL ASSETS	2,092,874.60	344,579.83	78,864.92	2,516,319.35
Report 1 part B	SIMNSA	MEDYCA	INT. HEALTH	TOTAL
Trade Accounts Payable	5,348.66	8,011.76	-	13,360.42
Capitation Payable				-
Claims Payable (Reported)	53,679.85			53,679.85
Incurred But Not Reported Claims				-
POS Claims Payable (Reported)				-
POS Incurred But Not Reported Claims				-
Other Medical Liability				-
Unearned Premiums				-
Loans and Notes Payable				-
Amounts Due To Affiliates - Current	15,028.42	-		15,028.42
Aggregate Write Ins for Current Liabilities	(70,869.35)	21,134.86		(49,734.49)
Total Current Liabilities	3,187.59	29,146.62	-	32,334.21
Loans and Notes Payable			-	-
Aggregate Write Ins for other Liabilities	-	343.18		343.18
Total Other Liabilities	-	343.18	-	343.18
TOTAL LIABILITIES	3,187.59	29,489.80	-	32,677.39
Common Stock	64,344.23	84,204.18	30,780.43	179,328.84
Preferred Stock				-
Paid In Surplus	1,353,550.14	49,280.83	50,395.87	1,453,226.84
Contributed Capital	86,181.08	188,938.37		275,119.46
Retained Earnings (Deficit)/Fund Balance	585,611.56	(7,333.36)	(2,311.38)	575,966.82
Aggregate Write-Ins for Other Net Worth Items				-
Aggregate Write-Ins for Other Net Worth Items	-	-		-
TOTAL CAPITAL	2,089,687.01	315,090.03	78,864.92	2,483,641.96
TOTAL LIABILITIES AND NET WOF	2,092,874.60	344,579.83	78,864.92	2,516,319.35
Difference	0.00	(0.00)	-	(0.00)

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